									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									(79	10	750)583
CLAIMS AS FILED - PART I (Column 1) (Column						umn 2)		SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			21					RATE FE		FEE		RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE 355.		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=			1		X\$ 9=			OR	X\$18=	18
INDEPENDENT CLAIMS			3 minus 3 =		<u> </u>			X40=			OR	X80=	
MU	LTIPLE DEPEN	NDENT CLAIM PF	RESENT				+135=		OR	+270=			
* If	the difference	in column 1 is	less than ze	than zero, enter "0" in column 2				TOTAL			OR	TOTAL	728
0	(Column 1) (Column 2) (Column 2)							SMALL ENTITY			OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 27	Minus	. 6	21	= 6		X\$ 9=	-]		OR	X\$18=	108
AME	Independent	NTATION OF ML	Minus		3	<u> -</u>		X40=			OR	X80=	
	FIRST FRESE	NIAHON OF INC	JLIPLE DEF	PENDEN	- /c	7/05		+135=	=		OR	+270=	
				J	31	1100		TOTA			OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)	3	100					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 29	Minus	2	17	= 2	Ü	X\$ 9=	-		OR	X\$18=	100
AME	Independent	NTATION OF MU	Minus	SENIOENT.	3 TCLAIM	=		X40=	1		OR	X80=	
1	FIRST FREGE	MIXION OF THO	THIFTE DE	CINOCIA	CLAIN			+135=	:		OR	+270=	
							A	TOTA			OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=	1		OR	X\$18=	
	Independent	<u> </u>	Minus			=		X40≃	十		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	'ENDEN I	CLAIM		 		+			•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=			OR	+270=	
1	If the "Highest Nur	mber Previously Pa Imber Previously Pa	aid For IN THIS	S SPACE I	is less tha	in 20, enter "20."	A	TOTA DDIT. FE			OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					r four	nd in the	аррі	ropriate box	in col	umn 1.	